

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

105235

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4		2	1			
5		0	1			
6		0	1			
7		0	1			
8		0	1			
9		0	1			
10		0	1			
11		0	1			
12		0	1			
13		0	1			
14		0	1			
15		0	1			
16		0	1			
17		0	1			
18		0	1			
19		0	1			
20		0	1			
21		0	1			
22		0	1			
23		0	1			
24		0	1			
25	1		1			
26		0	1			
27		0	1			
28		0	1			
29		0	1			
30		0	1			
31		0	1			
32		0	1			
33	1		1			
34		1	1			
35		1	1			
36		1	1			
37		4	1			
38		4	1			
39		0	1			
40		0	1			
41	1		1			
42		1	1			
43	1		1			
44		1	1			
45		2	1			
46		0	1			
47		0	1			
48		0	1			
49		0	1			
50		0	1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54		0		1		
55		0		1		
56		0		1		
57		0		1		
58		0		1		
59		0		1		
60		0		1		
61	1	0	1			
62		1		1		
63		2		1		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS